

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037192

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED SEP 28 1962

## 1. PLACE OF DEATH

a. COUNTY St. Louisb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Webster GrovesLength of stay in 1b  
42c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Glenwood HospitalInside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo

b. COUNTY

c. CITY OR TOWN ST. LOUISInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
3701<sup>st</sup> IOWA AVE.Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First WILLIAMMiddle A.Last RUPP

## 4. DATE OF DEATH

Month 9Day 3Year 625. SEX  
MALE6. COLOR OR RACE  
WHITE7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
9-6-18889. AGE (last birthday)  
73IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
NIGHTWATCHMAN10b. KIND OF BUSINESS OR INDUSTRY  
RETIRED 10 YRS11. BIRTHPLACE (City and state or country)  
ST. LOUIS MISSOURI12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

UNKNOWN

## 13b. MOTHER'S MAIDEN NAME

UNKNOWN

## 14. NAME OF HUSBAND OR WIFE

JULIA RUPP15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
YES WW I

16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

A JULIA RUPP 3701<sup>st</sup> IOWA AVE.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) myocardial insufficiency

## INTERVAL BETWEEN ONSET AND DEATH

12 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) bilateral hypostatic pneumonia4 daysDUE TO (c) generalized arteriosclerosis 331X

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

CVA, arteriosclerosis heart disease, arterial arteriosclerosis

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY. Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-24-62 to 9-3-62 and last saw him alive on 9-3-62  
Death occurred at 8:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

1300 Paul Rd. ST. Louis 19. Mo.

## 22c. DATE SIGNED

9-4-6223a. BURIAL, CREMATION, REMOVAL (Specify)  
BURIAL

## 23b. DATE

9-6-1962

## 23c. NAME OF CEMETERY OR CREMATORY

PARK LAWN GEM.

## 23d. LOCATION (City, town, or county)

ST. LOUIS COUNTY MO

## 24. FUNERAL DIRECTOR

## ADDRESS

GEORGE BENZ NORTUARY 2842 MERAMEC

## 25. DATE RECD. BY LOCAL REG.

9-4-62

## 26. REGISTRAR'S SIGNATURE

[Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Van M. Sigeman

Licensed Embalmer No. 1343

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.